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ABSTRACT

This paper examines how the epidemiological findings of anorexia nervosa lead theorists to speculate a correlation between sociocultural factors and the development of anorexia nervosa. A section on the essential features of anorexia nervosa identifies five primary characteristics of anorexia: (1) severe weight loss; (2) a disturbance of body image and body concept; (3) a disturbance of cognitive interpretation of body stimuli, combined with a failure to recognize signs of nutritional need; (4) hyperactivity and denial of fatigue; and (5) a paralyzing sense of ineffectiveness. A section on the epidemiology of anorexia nervosa notes that it is a disorder that occurs overwhelmingly in females, that the number of cases of anorexia has increased over the last 20 years, that onset is increasingly being seen in young adulthood, and that anorexia appears to be more pervasive in the upper and middle socioeconomic classes and in Western industrialized countries. A section on sociocultural theory examines the cultural and media emphasis on thinness and the effect of this emphasis on women; the ambivalence experienced by girls who are developing into women and the onset of anorexia nervosa; and the anorexic as a cultural heroine. Body image is considered in the next section, followed by a section on treatment methods. Discussions of feminist-oriented groups and non-verbal therapeutic techniques (relaxation, guided imagery, video feedback, and movement therapy are included. (Contains 35 references.) (NB)

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Anorexia Nervosa:
Sociocultural Factors and Treatment

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Introduction

The recent focus of the illness of anorexia nervosa asks the question: Why the increasing frequency of its occurrence in modern Western societies? The fear of fatness or the pursuit of thinness define a cardinal feature of this disorder. Supporters of the sociocultural theory point to pressures, within Western society and culture, to be thin. These pressures are primarily directed at women through the media and social interaction. This paper examines how the epidemiological findings of anorexia nervosa lead theorists to speculate a correlation between sociocultural factors and the development of anorexia nervosa. Also presented are treatment methods aimed a helping women with anorexia nervosa overcome the idea that thinness equals worth.

Essential Features of Anorexia Nervosa

Anorexia nervosa was named by the early English physician in the late 19th century as meaning "loss of appetite" (Brumberg, 1988). But this is inaccurate. Bruch (1978) states that anorexia is not about losing one's appetite, it is about the "relentless pursuit of excessive thinness." (p. ix). Bruch (1978) describes the primary characteristics of anorexia as: (1) severe weight loss; (2) a disturbance of body image and body concept; (3) a disturbance of ccgnitive interpretation of body stimuli, combined with a failure to recognize signs of nutritional need; (4) hyperactivity and denial of fatigue; (5) a paralyzing sense of ineffectiveness.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) (APA, 1987) a'so recognizes the body image disturbance as a

criteria and adds that those with anorexia also have an intense fear of gaining weight and/or becoming fat---even though they are underweight. Criteria for severe weight loss in the DSM-III-R constitutes maintaining 15% below the height and weight age norms. Another physical manifestation of weight loss is amenhorrhea---loss of consecutive menstrual cycles. A person afflicted with anorexia will also display many medical complications associated with the maintenance of profoundly low body weight. The DSM-III-R list these as hypothermia, bracycardia (impairment of the heartbeat), hypotension, edema, and lanugo (neonatal-like hair.) Endocrine abnormalities are also present (Brown, 1983).

Epidemiology of Anorexia Nervosa

Anorexia nervosa is a disorder that occurs overwhelmingly in females. The number is said to be 90 to 95 percent of all cases (Garner, Garfinkel & Olmsted, 1983). The prevalence is reported to be anywhere from 1 in 800 to as many as 1 in 100. it is said that the number of American girls and women suffering from this disease is 5 to 10 percent (Brumberg, 1988). According to the American Anorexia and Bulimia Association both diseases together strike one million women a year and 150,000 women die each year from anorexia (Wolf, 1991). Numerous epidemiological studies point to the fact that the number of cases of anorexia has increased over the last twenty years (Garfinkel & Garner, 1982). Yet these figures only apply to women with this disorder. The incidence of men being afflicted have not increased (Garfinkel & Garner, 1982).

Although the onset of anorexia is believed to be during adolescence, onset is increasingly being seen in young adulthood. Garfinkel and Garner (Garner, Garfinkel & Olmsted, 1983) in comparing their own studies of their patients from 1976 and 1982 they have seen increases in both the age of onset and the age of presentation. Though most patients develop anorexia before the age of 25, it is not uncommon for it to occur in women over 25.

Anorexia is seen to be more pervasive is the upper and middle socioeconomic classes and western industrialized countries than in lower socioeconomic classes and non-western countries (Garner, Garfinkel & Olmsted, 1983). Nasser (1988) found that in Third World countries incidence of anorexia are rare. Yet when Third World immigrants come to industrialized nations, the rate of eating disorders is higher than those of the same nationality who stay in their own country (Nasser 1988).

Sociocultural Theory

Cultural and Media Emphasis on thinness: The Effects on Women

The increase in both cases of anorexia nervosa and onset age have had researchers and clinicians focusing their attention on sociocultural factors that place pressure on women to diet in order to become thin. With this focus comes the belief that sociocultural factors are responsible for creating a climate that breeds the anorexic mentality. As early as the late 70s, Bruch (1978) described anorexia as an epidemic illness who's "spread must be attributed to psycho-sociological

factors . . . I am inclined to relate is to the enormous emphasis that Fashion places of slimness" (p. viii).

With this pressure to become thin comes the dissatisfaction women feel about their bodies. In many instances this dissatisfaction manifests as hate. Wooley (1992) writes that as a clinician working with women he has spent much of his professional life:

> Working with women who hate their bodies; women who feel 'too fat,' although most of them are not 'fat,' as that term is commonly used to describe bodies other than ones their own . . . They have allowed me to see that their body hatred registers, silently, voicelessly, in their isolated bodies, the hostility that our patriarchal culture feels for women. (p.3)

Wooley (1992) further explains the relationship of body hate and the media's efforts to equate thinness to beauty, happiness, and power. By dieting (i.e., starving) and exercising a women can "dissipate, transform, and re-direct the anger (she) feels toward patriarchy back onto her body; and provide an ideology which allows her to experience her suffering as something spiritual, healthy, and good" (Wooley, 1992, p. 55).

The media helps women recognize that there are also real rewards to dieting and exercise and thus being thin. These rewards include jobs and sexual attention. (Although sexual attention is a "mixed blessing" says Wooley, [1992]) Dieting and exercising also appear to be democratic and a workable way to gain happiness and power (Wooley, 1992). This is available to all women: an "ugly" woman can purchase

products to make her beautiful; a poor woman can diet and exercise without buying a thing (Wooley, 1992).

Kilbourne, an advertising analyst, has done a concise study using hundreds of ads from magazines, newspapers, and album covers (Kilbourne, 1979). She believes that the media's ideal of the female body is very narrowly defined. The media is constantly using women as sex objects and turned into products. The message that women are not valued or considered beautiful unless they are young, thin, and white is very clear in the media. Kilbourne (1979) states that the change she has witnessed in advertising in the last ten years is the greater emphasis on perfection and thinness. The messages prey upon the fears and insecurities on women and add up to a very powerful form of cultural conditioning.

Recognizing the impact of the media as a vehicle for cultural messages, researchers have attempted to document and quantify the apparent shift in our culture's standard for the ideal female figure and the consequent pressure to diet. Garner, Garfinkel, Schwartz, and Thompson (1980) studied the height, weight, and body measurements of two groups of women that have historically represented the female ideal in American society: the Playboy centerfold and Miss America contestants. It was found that over a twenty year period (1960-1980) there was gradual shift toward a thinner ideal body shape---particularly in the last decade. They also found the number of diet articles aver this period had increased in six popular women's magazines.

At the same time there was a cultural movement toward a thinner, less curvaceous ideal. Garner and colleagues (1980) reported that the 1979 revised Society of Actuaries statistics stated that women under the age of thirty have actually become heavier---due to better nutrition and improved health care. What is apparent is the growing gap between the media's portrayal of beauty as being thin versus the reality of women being heavier. The ideal physique is below the actuarial norm. The gap between fantasy (that which is shown in the media) and reality, along with the preponderance of diet articles, puts pressure on women to diet in order to adhere to the media ideal of a thinner shape (Garner et al., 1980).

In another study (Morris, Cooper & Cooper, 1989), the physical features on models recruited by an agency over a twenty year period (1967-1987) were examined. Unlike the study of the Playboy centerfolds that were geared for male viewers, these models were contracted out and photographed for women's magazines such as Cosmopolitan, Vogue, Woman, and others. The researchers found that the fashion models had become more tubular in shape---they had gotten taller, and although the waist had increased, the hips and busts decreased.

In a body-image survey conducted in Psychology Today (Cash et al., 1986) revealed that 55% of women and 41% of men expressed dissatisfaction with their body weight. The survey points out that although cultural messages are directed mostly toward women, men are not immune to such messages (Cash, Winstead & Janda, 1990). The difference is that the remark attributed to the Duchess of Windsor, "You

can never be to rich or too thin," applies more to women than it does to men in our society (Chernin, 1981). Although there are men that gain weight and this diet to try to lose the weight, Chernin, (1981) states:

> It is women who constitute 95 percent of the people who feel sufficient despair with their bodies to enroll in a formal weight reduction program . . . All across the country ask any diet organization what the percentage of their membership is female. . . it is 95 percent. (p. 61-62)

Chernin (1981) continues to explain that although women and men share a common childhood experience of learning to dislike the body, it is the boys that grow to be men without having the obsessive need to "make the body smaller than it has been made by nature" (p. 62).

In a comprehensive study, Silverstein, Perdue, Peterson, and Kelly (1986) examined the implied media messages aimed at men and those aimed at women. They looked at both print and electronic media and it was demonstrated that the current standard of attractiveness for women portrayed in the media is slimmer than it is for men, and that it is slimmer than it was in the past. Specific findings of the study include: (1) Female television stars are proportionately slimmer than male television stars; (2) Advertisements and articles, in both men's and women's magazines, that deal with or promote dieting and slimming overwhelmingly are more directed at women than they are at men; (3) Images in two popular women's magazines of the 20th century have portrayed women as less curvaceous in the recent past then historically

overall; and (4) Over a fifty year life span, popular female movie actresses have recently become less curvaceous.

The researchers feel the study constitutes empirical support for the hypothesis that the mass media plays a role in promoting and reinforcing the slim standard of bodily attractiveness fashionable among women. Silverstein, Perdue, Peterson & Kelly (1986) believe that by examining the media it can be explained how the sexist treatment of women may lead to eating disorders. Women living in the 20th century are under intense pressure to be ridiculously thin. In response to this pressure to be thin, women may become dissatisfied with their bodies (Silverstein, Perdue, Peterson & Kelly,1986).

The media is selling "body insecurity" to women (Kilbourne, 1979). Women are dissatisfied with their bodies because they are not like the thin and perfect bodies portrayed in the media. This dissatisfaction can lead women to have a distorted image of their bodies (Orbach, 1978). Studies show that the percentage of women who believe they are overweight (even if they are not) is greater than it is for men (Cash, Winstead, & Janda, 1986). Even if a woman grew up with a healthy respect for her body, these media assaults---of articles, advertisements, and columns giving diet ad beauty advice with thinness as the goal---undermine a woman's confidence (Orbach, 1982).

Orbach (1982) believes this undermining of a woman's confidence occurs because society puts a woman's worth on her body size and her looks. She states:

> We live in a culture that continues to be obsessed with a woman's body size and shape---(a culture) that sees fatness and thinness as ultimate statements about a person's worth rather than descriptions of the ratio of fat body tissue and lean body tissue. (Orbach, 1982, p. xx)

This importance to a woman's body size makes a woman susceptible to these demands of thinness. Orbach (1982) feels that women, by wanting to diet to be thin, are reacting to the cultural messages in a sane and healthy manner. Because of the importance culture places on the size of a woman's body, along with the promise of the rewards of beauty, success, and power, dieting for many women, becomes a feasible way to gain self-esteem and acceptance. There is always a new diet with the hope that it will do the trick---bring happiness, love, success, etc. (Orbach, 1982). The impact of this message is made clear by the pervasiveness of dieting among girls and women. Studies have shown that at least 25% American women are on diets with 50% starting, finishing, or breaking one (Wolf, 1991).

Orbach (1982) explains that dieting "turns normal eaters into people afraid of food" (p. 30). Dieting starts the cycle of deprivation that eventually leads to compulsive eating, bingeing, and gorging, or complete abstinence of food. For dieters food takes on punishing and magical qualities that lead to an obsession (Orbach, 1982).

Developing into Women and the Onset of Anorexia Nervosa

The media proves to be a reliable conduit for cultural messages that promote the notions of what woman should look like, and that to be

worthy as a woman one must be thin and beautiful (Wolf, 1991). The promoting and shaping of these ideas of what it means to be a woman is being made perfectly clear to many girls. It is influencing their perceptions of what they can expect and what will be expected of then as women. It becomes part of their psycho-social development (Chernin, 1981).

Chernin (1981) notes that anorexia nervosa and its onset occurs at precisely the same time these girls are about to physically develop into women. Bruch (1978) observed that girls with anorexia interpret normal development and changes (i.e. developing curves because of breasts and hips) as fatness. Although it is biological true that during adolescence, the male body loses fat, the female gains fat (Hsu, 1988). The girls reaction to their developing body stems from learned cultural messages that emphasize that a normal womanly body is too fat (Orbach, 1978). The girls afflicted with anorexia also were antagonistic toward menstruation (Bruch, 1978). Even if they had been menstruating for a number of years, the girls afflicted with anorexia had never accepted it as a natural function.

The feeling that their womanly body and its natural biological functioning is undesirable begins the cycle of vulnerability, body dissatisfaction and self-hate among adolescent females (Chernin, 1981). Contrary to beliefs by earlier clinicians, the anorexic patient is not afraid of becoming an adult or a teenager, they are afraid becoming a woman (Chernin, 1981). Chernin (1981) believes a connection can be made

between an anorexic patient's fear of being a woman, dieting, and the culture's sexist treatment and narrow depiction of women. She states:

> It can be make us reflect that when a girl is afraid to develop a woman's body, the conflict she feels means more than a single struggle between mind an body. Anorexia nervosa now suggests that our tempestuous warfare against our bodies involves not less than a woman's identity as a woman. (Chernin, 1982, p. 64)

Orbach (1978) agrees that eating disorders are overwhelmingly a women's problem, and suggests that it has something to do with the experience of being a female in our society, "a woman's psychological development is structured in such a way as to prepare her for a life of inequality" (p.22).

There are conflicting cultural dictates. Being thin and attractive as a woman is a requirement in our society. Yet that which is feminine is not valued (Wolf, 1191). Feminine women are treated frivolously and are viewed as less intelligent and less competent (Silverstein, Perdue, Peterson, Vogel & Fantini, 1986). Anorexia represents an ambivalence toward femininity. A girl with anorexia both rejects and exaggerates the cultural ideal of a woman by refusing to become curvaceous and yet at the same time by being so "curve-less" (Orbach, 1978).

In our culture, girls discover that as they develop into women there are restrictions placed upon their physical expression and explorations. Their hair must be combed, their clothes should be neat, their sexuality must be hidden and their poise should be developed (Orbach, 1982). At the same time girls are expected to act and excel in the traditional female

role, they are also expected to enter into and achieve in the masculine world of work (Garner, Garfinkel & Olmsted, 1983).

The expectation that a woman be physically attractive and capable of being an effective wife, mother, and working woman is an ideal that many women attempt to achieve, yet frequently find to be unrealistic, unattainable, undesirable, and oppressive (Orbach, 1978). Such role diffusion increases insecurity and intensifies the striving for perfection (Hsu, 1988). This confusion of roles and its demands causes a woman to feel as though she has no control on her life.

For both girls and women restricting their food intake is the only way of gaining a sense of power (Garner, Garfinkel & Olmsted, 1983). By ignoring hunger signs and refusing to eat, a woman can feel a sense of control. It is a way to show her strength in a culture that continually attempts to control women and a way to reject that control (Chernin, 1981).

The Anorexic as Cultural Heroine

Gordon (1988) believes that the current epidemic of bulimia and anorexia is "expressing central identity conflicts that have become virtually normative among adolescent and young women . . . " (p. 160). These disorders serve as common pathways for those in the culture to express distress and stress. This is evidenced by the widely pervasive and accepted cultural practices of dieting and exercising. Anorexia has bee linked with positive cultural values such as physical attractiveness, control, and autonomy. The illness of anorexia nervosa has been given a glamorous status in our society (Gordon, 1988). The cultural emphasis

on thinness as a positive attribute soon exists with the exclusion of other attributes. This is apparent when examining the attitudes of anorexic patients. They see themselves as weak, lazy, incompetent, and unlovable when they are not exceedingly thin (Cooper & Fairburn, 1987).

Women afflicted with anorexia are viewed with fascination and in most cases admiration by women who diet. A study by Branch and Eurman (1980, [cited in Gordon, 1988]) describes the attitudes towards patients with anorexia by their family members and friends. Although family and friends expressed concern with the patients's weight loss, the researchers found more attitudes of approval than disapproval. They communicated admiration for the control and discipline of the patient. Asked to describe the patient, words like "slender", "fashionable", and "well-groomed" were used more often than "skinny" and "emaciated" (Gordon, 1988).

Chernin (1981) explains that what the anorexic patient shares with the normal dieter is the struggle of will. Anorexia represents the logical extension of what most dieters want to achieve---a weight loss. The normal dieter failed in the struggle of will. The normal dieter realizes that if her will were as strong as that of those with anorexia, she too would be able to accomplish the same thing. With the cultural values so firmly rooted in the ideal of being thin, the anorexic becomes a cultural heroine for many women (Chernin, 1981).

Body Image

As discussed above the sociocultural theory blames cultural values for essentially generating body image disturbances among women. With its emphasis on perfection and thinness, contemporary Western culture has unfortunately managed to make most women feel uncomfortable with normal body size and to find problems with their bodies where none exist (Jasper & Maddocks, 1992).

A disturbance and distortion of body image is one of the primary features of anorexia nervosa. Bruch (1973) noticed that while anorexic patients are hospitalized they will gain weight for various reasons. Yet this was temporary unless the weight loss was accompanied by correcting the distorted body image. She believed that normalization of body image was a precondition for recovery. Rosen (1990) agrees that in terms of prognosis factors, body image appears to be the most important.

Jasper & Maddocks (1992) define "body image" as "the way one sees one's body and how one feels about being in it" (p. 183) It is a person's experience of her own body. They delineate "disturbance" by whether it is cognitively based (a distortion) or affectively experienced (a dissatisfaction). Jasper & Maddocks (1992) clarify by stating:

> Body image 'distortion' refers to a significant discrepancy between one's own perception of, or beliefs about, the size or shape of one's body and its actual size and shape . . . Body image 'dissatisfaction' refers to disparaging or disliking one's body---the way one experiences the body. (p. 183)

Treatment

Addressing body image disturbances of clients with anorexia nervosa is an important component of body image therapy and treatment. This mode of therapy provides a way to help clients "reject the offensive yet ubiquitous sociocultural message that thinness equals happiness and self-worth" (Jasper & Maddocks, 1992, p. 182).

Treatment should be aimed at repairing distortions and developing a positive attitude toward the body (Jasper & Maddocks, 1992) and this can be accomplished in a number of ways. Freedman (1990) suggests: (1) The therapeutic method of a feminist group approach; and (2) A multi-pronged treatment approach that addresses perceptual, affective, and cognitive and behavioral components of body image.

Feminist-oriented Groups

Since body image problems are exacerbated by gender-role expectations, groups guided by a feminist theory are recommended (Freedman, 1990). Groups, in general, provide a unique opportunity for participants to assess themselves, validate their experiences and perceptions, attempt personal, behavioral, and attitudinal changes, express feelings, and receive feedback. (Walker, 1987). For women with anorexia and other eating disorders, the group experience can help them "explore the social and structural nature of their problem" (Kravetz, 1987. p. 62). In this way, the individual differences can be minimized can the sense of a common cultural oppression can be maximized (Johnson, 1987).

Freedman (1990) describes the following components of a feminist approach that are especially relevant to body image problems:

1. Therapy rests on a basic belief that the female body and its functions are neither imperfect, deficient, or repulsive, but are normal as is. Reproductive events like menstruation and menopause are celebrated rather than hidden or denigrated. Specific questions are raised: For example, why does the female body have so much ornamental value, and why are painful aesthetic alteration needed to "normalize" it?
2. Therapy encourages assertive behavior that is competent, autonomous, and directed toward self-development rather than self-destruction. The stereotype of women as passive victims of their gender or of their bodies is challenged.
3. Therapy assumes that the personal is also political and that adjusting to prescribed gender as the super woman, super mom, super sexpot, super hero make the body highly vulnerable to commercial exploitation.
4. Therapy draws on so called "feminine weaknesses" as human strengths. Traits of vulnerability, sensitivity, emotionality, patience, generosity, and social competence are used as tools to reconstruct body image. (p. 290)

In the feminist-oriented group, women are resocialized to value the support they gain from other women (Burden & Gottlieb, 1987). This has a powerful effect in terms of encouraging group members to risk the social and personal consequences of not being thin and in validating

self-caring and self-accepting behavior (Jasper & Maddocks, 1992). A client with anorexia can learn to recognize that it is self-acceptance, not the act of being thin, that can be the means of gaining power (Chernin, 1981).

Non-verbal Therapeutic Techniques

Treatment designed to rectify body image attitude should also address non-verbal components of body image such as perceptual, affective, kinesthetic, and tactile (Vandereycken, Depreitere & Probst, 1987). Although most clients share the common experience of the culture's negative about women's bodies, each client had experienced this negativity in her own way. Non-verbal therapy techniques can be used to access thoughts and feelings associated with body image disturbance that are difficult to put into words (Jasper & Maddocks, 1992). These techniques include relaxation, guided imagery, videofeedback, and movement (Jasper & Maddocks, 1992). These methods are explored below:

Relaxation. Most clients afflicted with anorexia do not allow time to relax. They manage tension and the anxiety of gaining weight by restricting their food intake. Methods of relaxation include breathing exercises, progressive muscle relaxation, self-hypnosis, and imagery (Jasper & Maddocks, 1992).

Guided imagery. Personal symbolic meaning of eating disorders can be explored through the use of guided imagery. Unconscious sensory and affective material can be elicited through imaginary scenes. The awareness of faulty thoughts and beliefs can

provide a point from which a client can change attitudes and behaviors that had in the past served to perpetuate body image disturbances (Hutchinson, 1985; Kearney-Cooke, 1989).

Video feedback. Many anorexic women deny that they are emaciated. This is the extreme manifestation of body image disturbance (Jasper & Maddocks, 1992). The use of videofeedback can provide a way to obtain objective information about physical appearance and nonverbal expression and break through the denial (Vandereycken, Depreitere & Probst, 1987). In a very confrontational use of videofeedback, Vandereycken et al., (1987) have had hospitalized anorexic patients pose in their bathing suits while being video recorded. This recording is then viewed in a group situation with other anorexic patients. Comments and observations about their appearance are given. Although this can be anxiety producing Vandereycken and colleagues have gotten positive feedback from their clients. Kearney-Cooke has used videofeedback in a less confrontational manner by introducing clients to video images of themselves in increments.

Movement therapy. Many clients with anorexia display a sense of hyperactivity. Their movements are not functional and productive for them. Movement therapy can help clients turn the hyperactivity into controlled movements. "Dance" exercises can regulate and integrate impulses and distribute the tension throughout the body (Vandereycken, Depreitere & Probst, 1987). Kearney-Cooke (1989) has used movement therapy as a way to explore the meaning of being fat or thin.

The combination of feminist-oriented group approach and non-verbal techniques has considerable advantages in the correction of body disturbance. This synthesis allows for self and group confrontation. It also facilitates an atmosphere of social learning in which a positive and realistic body image can be developed (Vandereycken, Depreitere & Probst, 1987; Freedman, 1990; Jasper & Maddocks, 1992).

Conclusion

Although proponents of the sociocultural theory recognize that the causes of anorexia nervosa are multidimensional (Gordon, 1988), specialists in this field are quickly becoming aware of the necessity of looking at the context in which this disease (and other eating disorders in general) is existing and thriving. The question of treatment soon becomes a question of prevention (Katz, 1985). Katz (1985) believes it is time to take the media to task for its hypocritical stance: a magazine aimed at teenage girls presents both the dangers of anorexia and tips to lose weight through the latest miracle diet all in one issue. As a clinician himself, Katz (1985) feels he and others:

> Should try more actively now to encourage the media, as both the delivers and shapers of our culture's values, to refrain from suggesting that interpersonal and intrapsychic problems are solvable through the vehicle of controlling what we eat or how much we weigh. (p. 625)

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